

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

City of Las Vegas/State of Nevada

Name (print) Robert D. Glover Office (if applicable) Las Vegas City Council Ward 6 District (if applicable) 6
Mailing Address (include city and zip code) 6456 Red Sun Drive Las Vegas NV 89149 Telephone No. 702-581-0843
E-Mail Address rdg132066@allstate.com

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☐ **Report #1 — Due March 29, 2005**
Period: Jan. 1, 2005 — Mar. 24, 2005
- ☒ **Report #2 — Due May 31, 2005**
Period: Mar. 25, 2005 — May 26, 2005
- ☐ **Report #3 Due — July 15, 2005**
Period: May 27, 2005 — June 30, 2005

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CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- Total Amount of Monetary Contributions Received**
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid**
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

[Handwritten Signature]

5/26/05

CAMPAIGN EXPENSESReport Period #

Name (print)

Office (if applicable)

District (if applicable)

*Robert D. Glover**LUCy Glenard Ward 6***Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

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**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period #

Name (print) Robert D. Glover Office (if applicable) LV City Council District (if applicable) Ward 6

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
N/A			

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R. D. & S. F. Glover
5456 Red Sun Drive
Las Vegas, NV 89149-6664

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